

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

FLORIDA DEPARTMENT OF HEALTH
CONFIRMATION OF LICENSE AT RENEWAL

NAME: KATHLEEN STARNES WIGGS-STAYNER RN

PROFESSION: REGISTERED NURSE

LICENSE NUMBER: RN9266421

EFFECTIVE DATE: 01/18/2017

FEE PAID: \$80.00

MAILING ADDRESS: 1714 69TH AVE WEST A301
BRADENTON, FL 34207

ATTENTION:

PRACTICE ADDRESS: 736 CENTRAL AVE
SARASOTA, FL 34236

ATTENTION:

NOTE:

This document confirms receipt of a timely renewal application and fee for the above-named practitioner. You should receive your renewed license in the mail within 5-7 business days. Confirmation of your renewal can be viewed by visiting <http://www.FLHealthsource.gov> and selecting "Verify A License". This document has been issued from a secure online site and provides authorization for practice until you receive your printed certificate.

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General and Secretary
State Surgeon General & Secretary

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Application Summary

Important Information

Please take time to fill out our survey.

License Renewal Survey

<http://survey.doh.state.fl.us/survey/entry.jsp?id=1167315266717>

Application Detail

License Type:	Registered Nurse
Profession Number:	1701 - Registered Nurse
License Number:	9266421
Application:	Renew My RN License
Application Date:	01/18/2017

Personal Detail

Title:	RN
First Name:	KATHLEEN
Middle/Second Name:	STARNES
Last Name/Surname:	WIGGS-STAYNER
Suffix:	RN

Addresses

Mailing Address

Address:	1714 69th Ave West A301
	MANATEE
	Bradenton, FL
	34207
	US

Phone Number:	(941) 284-8089
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Extension:

E-mail Address:	kathleen.wiggstayner@ppswcf.org
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Practice Location

Address:	736 CENTRAL AVE
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SARASOTA
SARASOTA, FL
34236
US
(727) 767-4751

Phone Number:

Extension:

FCN SURVEY

- | | |
|---|---|
| 1. Year of Initial U.S. Licensure: | 1981 |
| 2. In what country were you initially licensed as an RN or LPN? | United States |
| 3. What type of nursing degree/credential qualified you for your first U.S. nursing license? | Associate Degree - Nursing |
| 4. What is your highest level of education in NURSING? | Associate Degree in Nursing |
| 5. What is your highest NON-NURSING degree? | Master's degree - Health Related |
| 6. Are you credentialed to practice as one of the following Advanced Practice Nurse certifications? | No |
| 7. Do you perform any nursing work as a volunteer? | No |
| 8. Do you work any hours for pay in a field other than nursing? | No |
| If you answered 'Yes', please proceed to Q.8a. If you answered 'No', please proceed to Q.9 | |
| g. Not applicable (I am employed for pay or retired) | Yes |
| 11. Are you actively employed for pay in nursing or in a position that requires a nursing license? | Yes |
| 12. In how many positions are you currently employed as a nurse? | 1 |
| 13. Which of the following best describes your main nursing position? Your main position is the one at which you work the most hours during your regular work year. | Full-time |
| 14. How many hours do you work during a typical week in all your nursing positions? | 54 |
| 15. Number of weeks per year that you work in all your nursing positions, including paid time off (year round employment = 52 weeks). | 52 |

16. Please identify the type of setting that most closely corresponds to your main nursing practice position.

Ambulatory Care Setting

17. Please identify the position title that most closely corresponds to your main nursing practice position.

Nurse Executive/Administrator

18. Please identify the employment specialty that most closely corresponds to your main nursing practice position.

Women's Health/OB-GYN

a. Work as much as now?

No

b. Reduce hours?

Yes

c. Increase hours?

No

d. Move into Florida?

No

e. Move out of Florida?

No

f. Leave nursing/retire?

No

g. Other/Don't know

No

Florida Center for Nursing Donation

The Florida Center for Nursing is the definitive source for information, research and strategies addressing the dynamic nurse workforce needs in our state. The Center conducts multiple annual and biennial research projects to provide a comprehensive look at Florida's nurse population. This research is used to address issues of supply and demand, utilization of scarce nurse workforce resources throughout the state, and to make recommendations to influence health policy decisions. Research has shown that increasing production of new nurses alone will not resolve the shortage. Efforts must be taken to retain the experiential knowledge of our existing nurses. It is through donations, such as we are asking you to consider today, that the Center can offer small grants aimed at improving the work environment to enhance retention and recruitment of nurses in Florida. To learn more about the Center and to make a donation, please go to <http://www.FLCenterForNursing.org/donors> . The Florida Center for Nursing's operating revenues are derived in part from your donation. In order for the Florida Center for Nursing to continue its work on behalf of nurses, please donate. Thank you.

Are you willing to make a donation to the Florida Center for Nursing? **No**

If "Yes," Thank you for indicating your desire to make a donation to the Florida Center for Nursing. Please submit your donation at <https://www.flcenterfornursing.org/Donations/MakeaDonationtoTheCenter.aspx>

Additional Questions Required

Fees

Unlicensed Activity	\$5.00
Student Loan Forgive	\$5.00
Active Renewal	\$70.00
Total Amount Due:	\$80.00

Attestation

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I am responsible for knowing these requirements as set forth in the laws and rules that govern my profession.

COPY

COPY COPY COPY

COPY - NOT A VALID LICENSE - COPY

COPY - NOT A VALID LICENSE - COPY

ATFDDDTTFDFAFFAAADFFDDFC

008_001_01071



Division of Medical Quality Assurance
P.O. Box 4839
Tampa, Florida 33677-4839



*** License Renewal Notification ***

KATHLEEN STARNES WIGGS-STAYNER
331 MAGELLAN DRIVE
SARASOTA, FL 34243

License Renewal Notification

Your Registered Nurse License # **RN 9266421** will expire at midnight, Eastern Standard Time (EST) on **Sunday, April 30, 2017**.

CONTINUING EDUCATION	<ul style="list-style-type: none">• Prior to renewing your license, please report your continuing education (CE) hours into the Department of Health's CE tracking system.• To report course completion, go to www.CEBroker.com and login to your CE account.
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We have a new and improved MQA Online Services Portal. When using the new portal for the first time, you will be required to register for a new user account using a valid, active email address. You cannot access the new portal with the user ID and password used to access the prior system. If you have not created an account in the new system, please visit www.FLHealthSource.gov/mqa-services and select **No** for detailed instructions.

RENEWAL STEPS	<p>Ready to renew? Please go to www.FLHealthSource.gov and follow these steps:</p> <ol style="list-style-type: none">1. Click on Renew A License.2. If you have not created an account in the new system, select No and follow the instructions provided.3. If you have already created an account in the new system, select Yes, enter your user ID and password then click Sign In.<ul style="list-style-type: none">• If you have an account but have not added your license to your account, you must select Add My License or Previous Application. You will then be prompted to add your license to your account dashboard before you can renew.4. Under Renew My License select the license you wish to renew to submit your renewal application and payment.
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Questions? Visit your profession's website by going to www.FLHealthSource.gov and selecting **Florida Boards** or contact the MQA Customer Contact Center at 850-488-0595.

Recent legislation now requires that you complete the Telehealth Survey as a condition of your licensure renewal. To avoid any delay, login to your account and complete the survey by selecting the "Workforce Survey" button under the "Additional Activities" heading.

Note: A licensee who remains on inactive status for more than two consecutive biennial licensure cycles and who wishes to reactivate the license may be required to demonstrate the competency to resume active practice by sitting for a special purpose examination or by completing other reactivation requirements, as defined by rule of the board.





Division of Medical Quality Assurance
P.O.Box 6330
Tallahassee, Florida 32314-6330

KATHLEEN STARNES WIGGS-STAYNER
KATHLEEN WIGGS-STAYNER
02711 COUNTY RD K
EDON, OH 43518

This is to acknowledge receipt of your internet application. Once your application has been reviewed, you will be notified in writing by the appropriate regulatory specialist.

Please allow 30 days for the processing of your application prior to contacting the board office. After that timeframe, you may contact (850)488-0595 for further information.

If you have not yet mailed your paper application to the Board of Nursing, please do so. If you are applying by endorsement, please submit your completed fingerprint card.

AC# **COPY**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
09/21/2007	RN 9266421	883402

The **REGISTERED NURSE** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2009**
KATHLEEN STARNES WIGGS-STAYNER
2200 RANDALLIA
FORT WAYNE, IN 46805

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#
DATE	LICENSE NO.
09/21/2007	RN 9266421
	CONTROL NO.
	883402

The **REGISTERED NURSE** named below has met all requirements of

COPY - NOT A VALID LICENSE - COPY

LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR

STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **APRIL 30, 2009**

Your license number is **RN 9266421**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. Use this section to report name and/or practice location address and/or mailing address changes. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order. **A driver's license or social security card is not considered legal documentation.**

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.flhealthsource.com
 2. Click on Licensee/Provider
 3. Click on Practitioner Login
 4. Select your profession
 5. Enter the account ID and password here (Account ID and Password are case sensit
 6. Click on Login
- Where 'o' is lowercase letter 'O'.

Your opinion is important to us. To help us continue to improve our customer service, please take a moment to complete our online survey about the kind of service we provided you in obtaining your license. <http://www.doh.state.fl.us/mqa/Surveys/new-lic.htm> Thank you for helping us better serve you and our other customers. To request a duplicate license, submit this form and a check or money order, payable to the **DEPARTMENT OF HEALTH**, in the amount of **\$25.00**. Now that you have your license, make sure you keep it. Go to www.doh.state.fl.us/mqa/avoid.html to find out more.

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SERVICES
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: _____
LAST FIRST MIDDLE
TO: _____
LAST FIRST MIDDLE
DH 2103, 5/98

PRACTICE LOCATION ADDRESS CHANGE
(This address will be printed on your license and posted on the Internet.)

CITY STATE ZIP
 MAILING ADDRESS CHANGE
(This address will be used when mailing your license and for all other correspondence from the Department.)

CITY STATE ZIP

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SERVICES
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32399-3260

KATHLEEN STARNES WIGGS-STAYNER
2715 TERRA CEIA BAY BLVD
APT 604
PALMETTO, FL 34221

KATHLEEN STARNES WIGGS-STAYNER
2715 TERRA CEIA BAY BLVD
APT 604
PALMETTO, FL 34221

9266421

Your Registered Nurse License # **RN 9266421** will expire at midnight, Eastern Standard Time (EST) on **Thursday, April 30, 2009**. The total fee due for this renewal is **\$90.00**.

Please log onto www.FLHealthsource.com and follow these steps:

1. Click **Renew My License** and log in.
2. Click **Renew License** and select your renewal option:
 - a. Renew on-line
 - b. Print your renewal notice to submit with your payment via mail

Renewals by mail **MUST** include the renewal notice, not this postcard.

Visit www.cebroker.com/subscribe to purchase your **optional** subscription and track your continuing education credits. **NOTE:** This subscription is **not** required as a condition of license renewal.

Remember all renewals **MUST** be submitted **no later than April 30, 2009**.

Questions? Contact the MQA Call Center at (850) 488-0595.

AC# **COPY**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/03/2009	RN 9266421	1050007

The **REGISTERED NURSE** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2011**

KATHLEEN STARNES WIGGS-STAYNER
801 SIXTH STREET
ST. PETERSBURG, FL 33701
UNITED STATES

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#
DATE	LICENSE NO.
02/03/2009	RN 9266421
	CONTROL NO.
	1050007

The **REGISTERED NURSE** named below has met all requirements of

COPY - NOT A VALID LICENSE - COPY

LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR

STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **APRIL 30, 2011**

Your license number is **RN 9266421**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order. **A driver's license or social security card is not considered legal documentation.**

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.flhealthsource.com
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password here (Account ID and Password are case sensit
6. Click on Login

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: _____
LAST FIRST MIDDLE
TO: _____
LAST FIRST MIDDLE
DH 2103, 5/98

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32399-3260

KATHLEEN STARNES WIGGS-STAYNER
888 BLVD. OF THE ARTS
APT 1203
SARASOTA, FL 34236
UNITED STATES

Profession Code

1701

File Number

362746

License Number

9266421



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., MPH
State Surgeon General

(Board Seal)
September 20, 2007

Kathleen Starnes Wiggs-Stayner
02711 County Rd K
Edon, OH 43518

Dear Ms. Wiggs-Stayner:

Congratulations! You have met the requirements to become a Registered Nurse in the State of Florida. Your license number is RN 9266421. Your license will expire on 04/30/2009; a renewal notice will be mailed approximately 90-days prior to this date.

The actual copy of your license should arrive in 2 to 4 weeks. This letter will become "null and void" upon receipt of your initial license; the license will indicate the expiration date of your Florida license.

Continuing education is a requirement for maintaining licensure in the State of Florida. Request your free copy of the Laws & Rules from the Department of Health web site at www.doh.state.fl.us/mqaservices or contact us at (850) 488-0595. The website also offers important Board related information as well as options to look up a license or make a change in your address. Changes of address must be made in writing and sent to address listed below. Please do not hesitate to contact me if you have any questions.

The Department of Health is committed to continuous improvement in customer service. As a recent licensee, you are one of our most valuable customers and how you feel about the service that we provide you matters a great deal. Please share your opinions with us. We have developed an on-line survey at www.doh.state.fl.us/mqa/surveys/new-lic.htm that takes just a few moments to complete. Your comments will help us better serve you and future licensees.

If you have any questions concerning this information, you may contact us for assistance at the board office by calling (850) 245-4125.

Sincerely,


Mary Moore
Board Staff

#362746

Internet 06/27/2007

APPLICATION FOR NURSING LICENSURE BY ENDORSEMENT
APPLICATIONS ARE PROCESSED IN TIME ORDER RECEIVED. PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

Fingerprint Card

(FOR REVENUE RECEIPTING ONLY)
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
FLORIDA BOARD OF NURSING
Post Office Box 6330
Tallahassee, FL 32314
(850) 245-4125

JUL 19 2007

Submitted

www.doh.state.fl.us/mqa/nursing

FAILURE TO SUBMIT FEES (SEE INSTRUCTIONS), TO COMPLETE THIS APPLICATION, OR TO ATTACH ANY REQUIRED DOCUMENTATION WILL RESULT IN AN INCOMPLETE APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED FOR EXAM APPROVAL UNTIL IT IS COMPLETE.

APPLICATION TYPE: TYPE OF LICENSE (Check one only):

Indicate below the type of license you wish to use to qualify for licensure in the State of Florida. See instructions for eligibility requirements.

- Registered Nurse (RN) **Endorsement (1701) \$212**
- License Practical Nurse (LPN) **Endorsement (1702) \$212**

1. PERSONAL INFORMATION

NAME: Last/Surname Wiggs-Stayner First Kathleen Middle Starnes

DATE OF BIRTH (M/D/Y) Sept. 10, 1960

MAILING ADDRESS: 02711 C.R. K. Apt. No. _____

City Eden State OH Zip 43518 Country U.S.A.

PHYSICAL LOCATION: _____ Apt. No. _____

(Required if mailing address is a P.O. Box-See Checklist)

City _____ State _____ Zip _____ Country _____

HOME TELEPHONE: 419-272-2262 WORK TELEPHONE: 260-373-6305 E-MAIL ADDRESS Kathleen.wiggs@parkview.co

PLACE OF BIRTH: Nashville, TN MOTHER'S MAIDEN NAME: White

Availability for Disaster: Yes No Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?

EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

SEX: Male Female RACE: White Black Asian/Pacific Islander Hispanic Other

2. NURSING EDUCATION HISTORY

A. NURSING SCHOOL ATTENDED: Columbus College (now called Columbus State University)

Address 4225 University Ave.

City Columbus State GA Zip 31907 Country U.S.A.

B. Type of Program (LPN, DIPL, ADN, BSN) ADN C. Date Graduated or Anticipated Graduation Dec 1981

D. ADDITIONAL NURSING PROGRAM ATTENDED: _____

E. Type of Program (LPN, DIPL, ADN, BSN) _____ F. Date Graduated or Anticipated Graduation _____

NAME Kathleen Wiggs-Stayner

3. APPLICANT BACKGROUND Attach additional sheets, if necessary

A. List any other name(s) by which you have been known in the past. Kathleen Starnes, Kathleen Hubbuch, Kathleen Wiggs

B. What name(s) did you use when you received your nursing education? Kathleen Starnes

C. What name did you use when you were first licensed? Kathleen Starnes

D. Yes No Date _____ Have you ever applied for RN licensure by examination in Florida?

E. Yes No Date _____ Have you ever applied for LPN licensure by examination in Florida?

F. Yes No Date _____ Have you ever applied for RN licensure by endorsement in Florida?

G. Yes No Date _____ Have you ever applied for LPN licensure by endorsement in Florida?

H. Yes No Date _____ Have you ever been licensed in Florida as an RN?

I. Yes No Date _____ Have you ever been licensed in Florida as an LPN?

J. List all nursing licenses (active, inactive or lapsed). Submit a License Verification Form to your original and an active state of licensure. (ATTACH ADDITIONAL SHEET, IF NECESSARY)

State/Country	License No.	RN or LPN	Date Of Licensure	If no longer licensed, state why & when
Indiana	28136514A	RN	Expires 10/31/2007 2000 -	Current
Georgia	RN 065038	RN	1982 - 1987	moved away
New Jersey	26NR06675300	RN	1987 - 1990	moved away
Ohio	273358	RN	1996 - 2002	moved away - work across state lines

4. EXAMINATION HISTORY

A. YES NO Have you ever taken an examination for RN or LPN licensure?

B. If YES, list the jurisdiction (state/territory) for which the examination was taken and passed.

Examination	State/Country	Month/Year	Results
<input checked="" type="checkbox"/> RN <input type="checkbox"/> PN	<u>Georgia</u>	<u>Feb 1982</u>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> RN <input type="checkbox"/> PN	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> RN <input type="checkbox"/> PN	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> RN <input type="checkbox"/> PN	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

NAME Kathleen Wiggs -Stayner

5. MANDATORY CONTINUING EDUCATION REQUIREMENT

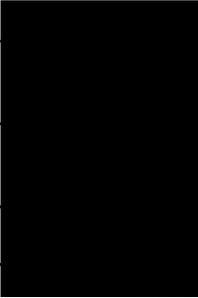
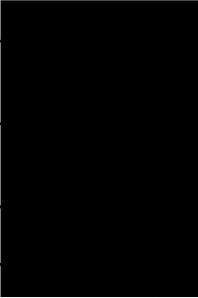
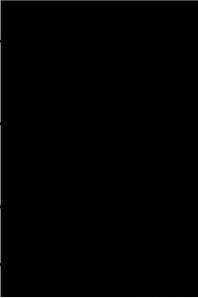
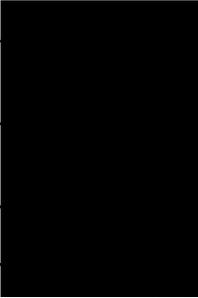
Completion of a two-hour course on Prevention of Medical Errors is required prior to licensure. This course must be from an approved Florida Board of Nursing provider.

- I attest I have completed a 2 hour course in the Prevention of Medical Errors as required by Florida Statute.
- I have NOT completed a 2 hour course in the Prevention of Medical Errors as required by Florida Statute and I understand that I will not receive my license until I submit proof of completion.

Note: Additional continuing education requirements affect your renewal. See Chapter 64B9-5, F.A.C.

6. HEALTH HISTORY (Supporting documentation should be sent directly to the Board Office).

Supporting documentation must include a letter from the applicant explaining the medical condition(s) or occurrence(s) and current status; letter(s) from licensed professional summarizing diagnosis, treatment and prognosis; or any other official documentation as it relates to any "yes" answer. Documentation should be current within the last year.

- A.  In the last 5 years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program?
- B.  In the last 5 years, have you been treated for or had a recurrence of a diagnosed mental disorder or impairment?
- C.  In the last 5 years have you been treated for or had a recurrence of a diagnosed physical impairment?
- D.  In the last 5 years, have you been treated for or had a recurrence of a diagnosed addictive disorder?

7. CRIMINAL HISTORY

- A. Yes No Have you **EVER** been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.
Driving under the influence (DUI) or driving while impaired (DWI) is not a minor traffic offense for purposes of this question.
(Review Questions & Answers section in instructions.)

If you answered YES, you are required to send a letter in your own words describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results. You must submit documentation for the county clerk of courts in the jurisdiction (state/county) in which the offense occurred, including disposition/final results. **Your application will not be considered complete until these records are received.** If the records are no longer available, you must obtain a letter of their unavailability from the county clerk of the court.

- B. Yes No If you were convicted of a felony, were your civil rights taken away?
If yes you must show proof your civil rights have been restored.

Failure to notify the Board office of any changes in any responses on your application could result in the delay of application processing, denial of your application or revocation of licensure. Examples: change of name, address, telephone number, arrest or convictions, licensure status or disciplinary action in another state or an incorrect answer to a question.

DH-MQA 1095, 8/06 (Obsoletes previous versions)

NAME Kathleen Wiggs - Stagner

8. DISCIPLINARY HISTORY Attach additional sheets, if necessary

A. Yes No Have you ever been denied or is there now any proceeding to deny your application for any health care license to practice in Florida or any other state, jurisdiction or country?

B. Yes No Have you ever had disciplinary action taken against your license to practice any health care related profession by the licensing authority in Florida or in any other state, jurisdiction or country?

C. Yes No Have you ever surrendered a license to practice any health care related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?

D. Yes No Do you have any disciplinary action pending against your license?

If you answered YES to any of the above questions please send a typed or printed description of the discipline. You must contact the Board(s) in the States in which you were disciplined and request official copies of the administrative complaint and final order be sent directly to the Florida Board of Nursing.

9. APPLICANT SIGNATURE

I, the undersigned, state that I am the person referred to in this application for licensure in the State of Florida.

I affirm these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.083 and 775.084, Florida Statutes.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Registered Nurse or Licensed Practical Nurse in the State of Florida.

I further state I have read and understand Chapter 464, Florida Statutes, and Rule 64B9, Florida Administrative Code as they pertain to the practice of nursing (Note: A current copy of Ch 464 and Rule 64B9 may be obtained by calling 850-488-0595 or via the internet at <http://www.doh.state.fl.us/mqa/>).

Florida Law requires you to immediately inform the Board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I affirm that I will comply with all requirements for licensure renewal including continuing education credits.

Applicant's Signature Kathleen Wiggs - Stagner Date 7/11/07

DH-MQA 1095, 8/06 (Obsoletes previous versions)

**** IMPORTANT ****

Social Security Information - *Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Section 456.013(1), 409.2577 and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub.L. Section 317) Clarification of the SSA process may be reviewed at www.ssa.gov or by calling 1-800-772-1213.

PLEASE COMPLETE THE ATTACHED PAGE



CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS
DISCLOSURE*

Florida Department of Health
Board of Nursing

Name: Wiggs - Stayner Kathleen Starnes
Last First Middle

Social Security Number: [REDACTED]

* This page is exempt from public records disclosure pursuant to subparagraph 119.071(5) (a) 2., Florida Statutes, which provides in relevant part: "An agency that collects social security numbers shall also segregate that number on a separate page from the rest of the record, or as otherwise appropriate, in order that the social security number be more easily redacted, if required, pursuant to a public records request."

Mission Statement: To promote and protect the health, safety, and wellness of all people in Florida through the assurance and delivery of quality health services.

4052 Bald Cypress Way, Bin # C02
Tallahassee, Florida 32399-3252
Phone: (850) 245-4125 Fax: (850) 245-4172
Website: www.doh.state.fl.us/mqa/nursing

DH-MQA 1095, 8/06 (Obsoletes previous versions)

CERTIFICATE OF ATTENDANCE



THIS CERTIFIES THAT

Kathleen Wiggs-Stayner

NAME

LICENSE #

HAS ATTENDED

Prevention of Medical Errors

FOR 2 HOUR (S)
(Qualifies for 0 Trauma Hour(s))

Provider # 50-2821

Pamela A. O'Donnell

FLORIDA BOARD OF NURSING

AUTHORIZED SIGNATURE

August 14, 2007

DATE TAKEN

CONTENT CODE

DO NOT SEND THIS CERTIFICATE TO THE BOARD OF NURSING—KEEP IT FOR YOUR PERSONAL RECORDS FOR 4 YEARS



Pen

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., MPH
State Surgeon General

August 3, 2007

Kathleen Starnes Wiggs-Stayner
02711 County Rd K
Edon, OH 43518

Applicant ID # 362746

Dear Ms. Wiggs-Stayner:

The Board of Nursing has received your endorsement application for Registered Nurse licensure. Upon review of your file, it has been determined that the following information is incomplete:

- Your fingerprint card has been received and we await your background check results. Processing of fingerprint cards may take 6 to 8 weeks. **No action is required of you at this time.**
- **Licensure verification from your original state of licensure (GA)** and one (1) active state is required. Only (1) verification is required if your original state is current (active). Please check <https://www.nursys.com> or call 1-866-819-1700 to determine if any of the states you require verification from are on the NURSYS system. If not, please forward the enclosed verification form along with their fee, if required to the applicable state(s). Endorsement applicants must have an active license.
- Please submit a copy of your certificate reflecting that you have completed the required, board approved two hour continuing education course on the Prevention of Medical Errors. You may search for courses to satisfy this requirement through CE Broker at www.cebroke.com or call (877) 434-6323. **This is required prior to the issuance of a permanent license.**

Please ensure that the deficiencies listed above are forwarded to the address listed below. If you need additional assistance, you may contact me or a member of my processing team at (850) 245-4125 ext. 3799.

As a reminder to all applicants, please understand that Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one-year after initial filing with the department.

To receive e-mail alerts on missing children, register @ www.missingchildrenalert.com

Sincerely,

A handwritten signature in cursive script that reads "Alesia Traeye".

Alesia Traeye -
Board Staff

Received
SEP 19 2007

September 28, 2005

Your Registered Nurse license, number 28136514A, pocket card is enclosed. Your license has been renewed and will expire 10/31/2007. This license is void unless signed by you in ink. Please review your pocket card below and report any incorrect information to our office.

IMPORTANT LICENSURE INFORMATION

ADDRESS CHANGE - It is your responsibility to notify the Agency in writing of any change of address. You may also send an e-mail to the Nursing Group at pla2@pla.in.gov

NAME CHANGE - A name change request must be accompanied by a legal name change document or you may request a *Name Change Affidavit* form by contacting our office at (317) 234-2043.

LICENSE VERIFICATION - Indiana license verifications are now processed through NURSYS. If you do not have a NURSYS form you can obtain one off of our website a form or apply on-line at www.nursys.com or contact our office for one. (We no longer process verifications through our office).

DUPLICATE POCKET CARD LICENSE - To request a duplicate pocket card license to replace a lost or stolen license, you must forward a written request to the Agency. This is for a replacement of your original, not so you may have two pocket cards. There is no charge for a duplicate pocket card license. You may also send an e-mail the Nursing Group at hpb2@hpb.state.in.us

DUPLICATE WALL CERTIFICATE - To request a duplicate wall certificate, you must forward a written request to the Agency and enclose a \$10.00 check payable to the Indiana Professional Licensing Agency. Your written request must include a "reason" as to why you need a duplicate wall certificate, as you are only allowed to have one.

LICENSE RENEWAL - The Indiana Professional Licensing Agency will forward renewal information to you approximately sixty days prior to the expiration of your license.

WEBSITE ADDRESS - www.in.gov/pla

OCT 17 2005

Indiana Professional Licensing Agency State Board of Nursing 402 W. Washington St., Room W072, Indianapolis, IN 46204 (317) 234-2043		
Registered Nurse License		
License Number	Expiration Date	Status
28136514A	10/31/2007	Active
KATHLEEN S WIGGS		
		
Void Unless Signed in Ink		

THIS LICENSE MAY BE LAMINATED

Approved By
State Board of
Accounts 1999

Amount Paid	Date Paid	Receipt Number
\$ 50.00	09/28/2005	1229864

RECEIVED
DATE

JUL 18 2007

Board of Nursing



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., MPH
State Surgeon General

August 3, 2007

Kathleen Starnes Wiggs-Stayner
02711 County Rd K
Edon, OH 43518

Applicant ID # 362746

Dear Ms. Wiggs-Stayner:

The Board of Nursing has received your endorsement application for Registered Nurse licensure. Upon review of your file, it has been determined that the following information is incomplete:

- Your fingerprint card has been received and we await your background check results. Processing of fingerprint cards may take 6 to 8 weeks. **No action is required of you at this time.**
- **Licensure verification from your original state of licensure (GA)** and one (1) active state is required. Only (1) verification is required if your original state is current (active). Please check <https://www.nursys.com> or call 1-866-819-1700 to determine if any of the states you require verification from are on the NURSYS system. If not, please forward the enclosed verification form along with their fee, if required to the applicable state(s). Endorsement applicants must have an active license.
- Please submit a copy of your certificate reflecting that you have completed the required, board approved two hour continuing education course on the Prevention of Medical Errors. You may search for courses to satisfy this requirement through CE Broker at www.cebroke.com or call (877) 434-6323. **This is required prior to the issuance of a permanent license.**

Please ensure that the deficiencies listed above are forwarded to the address listed below. If you need additional assistance, you may contact me or a member of my processing team at (850) 245-4125 ext. 3799.

As a reminder to all applicants, please understand that Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one-year after initial filing with the department.

To receive e-mail alerts on missing children, register @ www.missingchildrenalert.com

Sincerely,

Alesia Traeye
Board Staff

COPY



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., MPH
State Surgeon General

(BOARD SEAL)
August 3, 2007

TEMPORARY PERMIT
RNT# 9266421

Kathleen Starnes Wiggs-Stayner
02711 County Rd K
Edon, OH 43518

Dear Ms. Wiggs-Stayner:

Pursuant to Florida Board of Nursing Rule 64B93.009, Florida Administrative Code, this letter containing the board seal and a copy of an active license from another state or US territory, allows Kathleen Starnes Wiggs-Stayner to perform nursing services in Florida as a "Registered Nurse" until 10/03/2007.

Please advise the Board of any change of address in writing.

Thank you for your interest in nursing in Florida. You or your employer may check our website to verify your temporary and permanent status at www.doh.state.fl.us/mqaservices. If you have additional questions or require an extension of your permit, within seven to ten working days of the expiration date listed above, you may contact me or a member of my team at the address below, by telephone at (850) 245-4125 ext. 3799

Sincerely,

Alesia Traeye
Board Staff

COPY

PLACE IN
FILE AS
PND AS @
7-30-07
2:10 PM
PL



The Office of Secretary of State
Professional Licensing Boards Division

Karen C. Handel
SECRETARY OF STATE

Donald W. Munday
DIRECTOR
PROFESSIONAL LICENSING BOARDS

Registered Professional Nurse
VERIFICATION OF LICENSURE

Date: July 27, 2007

Re: Kathleen Starnes Wiggs
4101 Chadbury Road
Mt. Laurel NJ 08054

Type of License: Registered Professional Nurse
License No.: RN065038
Date Issued: 03/26/1982
Obtained By: Exam-US
Expiration Date: 01/31/1992
Public Board Orders: None
License Status: Lapsed
School: Columbus College – ADN
Graduated: December 1981
SBTP Series 282: MD – 531
PSY – 610
OB – 546
SRG – 455
NC - 492

The information above is the only licensure certification information provided by this Division. If other information is needed, it must be obtained from the above-named individual or the agency or institution which initially generated the information.

Registered Professional Nurse

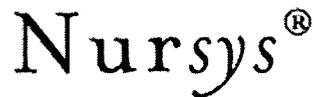
Gwen Dodson

Gwen Dodson

Administrative Assistant

GEORGIA BOARD OF NURSING





Verification Report

for

WIGGS, KATHLEEN S

SSN: [REDACTED]

Date of Birth: 09/10/1960

Maiden Name: STARNES

Address: 02711 COUNTY ROAD K, EDON, OH, 43518

The exam scores are not being provided or are not available. Please do not speed memo the individual board requesting exam scores.

LICENSE INFORMATION

Juris.	License Type	License Number	Date of Licensure	Expiration Date	License Status	Basis of Licensure	Date of Initial Licensure	Exam
OH	RN	273358	05/18/2001	08/31/2003	Active	Endorsement	07/14/1997	
IN	RN	28136514A	03/19/1997	10/31/2007	Active	Endorsement		
NJ	RN	26NR06675300	10/01/1987	12/31/1990	Inactive	Endorsement		

EDUCATION INFORMATION

School Name	Graduation Date	Program Code	Degree	City	State
COLUMBUS COLLEGE		RN	Blank		
COLUMBUS STATE UNIVERSITY - ADN	12/1981	RN	Associates		GA

DISCIPLINE SUMMARY INFORMATION

No discipline cases for this individual.

This verification report was printed on 7/30/2007 12:53:47 PM by Daphne Laurie of FLORIDA. Copyright 1999, National Council of State Boards of Nursing, Inc. (<https://www.nursys.org>)

[Back to Previous Page](#)



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., MPH
State Surgeon General

July 18, 2007

Kathleen Starnes Wiggs-Stayner
02711 County Rd K
Edon, OH 43518

Applicant ID # 362746

Dear Ms. Wiggs-Stayner:

The Board of Nursing has received your endorsement application for Registered Nurse licensure. Upon review of your file, it has been determined that the following information is incomplete:

Although you applied online, the Board of Nursing requires you to send in a completed application. If you are applying by endorsement of another state license you must also submit a completed fingerprint card. Verification of original and current licensure (if different) must be requested by you from applicable state(s) or the NURSUS system at (www.nursys.com).

If you already mailed an application please disregard. Other deficiencies may be found after your application has been reviewed by board staff. Mail to: Florida Board of Nursing, 4052 Bald Cypress Way, BIN C-02, Tallahassee, FL 32399.

Please ensure that the deficiencies listed above are forwarded to the address listed below. If you need additional assistance, you may contact me or a member of my processing team at (850) 245-4125 ext. 3799 or via e-mail at mary_moore@doh.state.fl.us.

As a reminder to all applicants, please understand that Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one-year after initial filing with the department.

To receive e-mail alerts on missing children, register @ www.missingchildrenalert.com

Sincerely,


Mary Moore
Board Staff

FLORIDA BOARD OF NURSING
4052 Bald Cypress Way, Bin C02
Tallahassee, FL 32399-3252
<http://www.doh.state.fl.us>

DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE

Run Date: 7/2/2007

Tracking Document
Online Application For Registered Nurse

License Information

Name: KATHLEEN STARNES WIGGS-STAYNER

File Number: 362746

Mailing Address: 02711 COUNTY RD K Apt.No.

City: EDON State: OH Zip: 43518

Telephone: (260) 3736305 ext. E-Mail: kathleen.wiggs@parkview.com

Social Security Number: [REDACTED]

Date of Application: 6/27/2007 3:51:55PM

Date of Birth: 09/10/1960

Gender: F

Race: 1

Profession: Registered Nurse

Application Type: 1116

Fee Paid: \$212.00

Credit Card Information

Credit Card Number: [REDACTED]

Credit Card Type: [REDACTED]

Credit Card Exp Date: [REDACTED]

Name on Card: Kathleen S Wiggs-Stayner

Order Id: 506185677

Merchant Txn Number: VXGE1B418745

Transaction Date/Time: 6/27/2007 3:51:55PM

Reference Code: 717819761103

*** **AUTO** *** 020_037_15428

9266421-55429

KATHLEEN STARNES WIGGS-STAYNER
888 BLVD. OF THE ARTS
APT 1203
SARASOTA, FL 34236

:342364852030:

Your Registered Nurse License # **RN 9266421** will expire at midnight, Eastern Standard Time (EST) on **Saturday, April 30, 2011**.

Please log onto www.FLHealthsource.com and follow these steps:

1. Click **Renew My License** and log in.
2. Click **Renew License** and select your renewal option:
 - a. Renew on-line
 - b. Print your renewal notice to submit with your payment via mail

Renewals by mail **MUST** include the renewal form, not this postcard.

Visit www.cebroker.com/subscribe to purchase your **optional** subscription and track your continuing education credits.

Section 456.0635, F.S., may affect your ability to renew your license. Please visit <http://www.doh.state.fl.us/mqa/laws.html> for more information.

Remember, all renewals **MUST** be submitted **no later than April 30, 2011** in order to avoid a delinquent fee. Questions? Contact the MQA Call Center at (850) 488-0595.

AC# **COPY**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/18/2011	RN 9266421	1340532

The **REGISTERED NURSE** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2013**

KATHLEEN STARNES WIGGS-STAYNER
801 SIXTH STREET
ST. PETERSBURG, FL 33701

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#
DATE	LICENSE NO.
02/18/2011	RN 9266421
	CONTROL NO.
	1340532

The **REGISTERED NURSE** named below has met all requirements of

COPY - NOT A VALID LICENSE - COPY

LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR

DEPUTY SECRETARY

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **APRIL 30, 2013**

Your license number is **RN 9266421**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order. **A driver's license or social security card is not considered legal documentation.**

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.flhealthsource.com
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password that was provided to you on your initial license
6. If you do not know your account ID and password, click on "Get Login Help" or call

for assistance.

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: _____
LAST FIRST MIDDLE
TO: _____
LAST FIRST MIDDLE
DH 2103, 5/98

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32399-3260

***** **AUTO** *****

KATHLEEN STARNES WIGGS-STAYNER
331 MAGELLAN DRIVE
SARASOTA, FL 34243

COPY

COPY COPY COPY

COPY - NOT A VALID LICENSE - COPY

COPY - NOT A VALID LICENSE - COPY

:342431030316:

003_004_00498

*** REPRINT ***

9266421-1459

KATHLEEN STARNES WIGGS-STAYNER
7939 WHITEBRIDGE GLN
UNIVERSITY PARK, FL 34201-2247

Your Registered Nurse License # **RN 9266421** will expire at midnight, Eastern Standard Time (EST) on **Saturday, April 30, 2011**.

Please log onto **www.FLHealthsource.com** and follow these steps:

1. Click **Renew My License** and log in.
2. Click **Renew License** and select your renewal option:
 - a. Renew on-line
 - b. Print your renewal notice to submit with your payment via mail

Renewals by mail **MUST** include the renewal form, not this postcard.

Visit **www.cebroke.com/subscribe** to purchase your optional subscription and track your continuing education credits.

Notice: Your original notice was returned to the Department due to an insufficient address. The address on this postcard does not match the address of record with the Department. Please update your address online at **www.FLHealthsource.com**.

Remember, all renewals **MUST** be submitted **no later than April 30, 2011** in order to avoid a delinquent fee. Questions? Contact the MQA Call Center at (850) 488-0595.

AC# **COPY**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/19/2013	RN 9266421	1623020

The **REGISTERED NURSE** named below has met all requirements of the laws and rules of the state of Florida.
 Expiration Date: **APRIL 30, 2015**
KATHLEEN STARNES WIGGS-STAYNER
 801 SIXTH STREET
 ST. PETERSBURG, FL 33701

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#
DATE	LICENSE NO.
01/19/2013	RN 9266421
	CONTROL NO.
	1623020

The **REGISTERED NURSE** named below has met all requirements of the laws and rules of the state of Florida.
 Expiration Date: **APRIL 30, 2015**

COPY - NOT A VALID LICENSE - COPY
 LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR

STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **APRIL 30, 2015**

Your license number is **RN 9266421**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.flhealthsource.com
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password that was provided to you on your initial license and click on "Get Login Help"
6. If you do not know your account ID and password, click on "Get Login Help" or call our Customer Contact Center at (850) 488-0595 for assistance.

The Florida Board of Nursing is celebrating its 50th anniversary on June 13, 2013 --- Stay tuned to the board's website for additional information highlighting this celebration!

MAIL TO: DEPARTMENT OF HEALTH
 DIVISION OF MEDICAL QUALITY ASSURANCE
 LICENSURE SUPPORT SERVICES UNIT
 P.O. BOX 6320
 TALLAHASSEE, FLORIDA 32314-6320

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: _____
 LAST FIRST MIDDLE
 TO: _____
 LAST FIRST MIDDLE
 DH 2103, 5/98

DEPARTMENT OF HEALTH
 DIVISION OF MEDICAL QUALITY ASSURANCE
 LICENSURE SUPPORT SERVICES UNIT
 4052 BALD CYPRESS WAY, BIN #C-10
 TALLAHASSEE, FLORIDA 32399-3260

***** **AUTO** *****

KATHLEEN STARNES WIGGS-STAYNER
 331 MAGELLAN DRIVE
 SARASOTA, FL 34243

COPY

COPY COPY COPY

COPY - NOT A VALID LICENSE - COPY

COPY - NOT A VALID LICENSE - COPY

TDFTTTTAFTAFDFAAFDATATFTT

010_012_02056



Division of Medical Quality Assurance
P.O. Box 4839
Tampa, Florida 33677-4839

*** License Renewal Notification ***

KATHLEEN STARNES WIGGS-STAYNER
331 MAGELLAN DRIVE
SARASOTA, FL 34243



License Renewal Notification

Your Registered Nurse License # **RN 9266421** will expire at midnight, Eastern Standard Time (EST) on **Tuesday, April 30, 2013**.

Please log onto **www.FLHealthsource.com** and follow these steps:

1. Click **Renew My License** and log in.
2. Click **Renew License** and select your renewal option:
 - a. Renew on-line
 - b. Print your renewal notice to submit with your payment via mail

Renewals by mail **MUST** include the renewal form, not this postcard.

Visit **www.cebroker.com/subscribe** to purchase your **optional** subscription and track your continuing education credits.

Section 456.0635, F.S., may affect your ability to renew your license. Please visit **<http://www.doh.state.fl.us/mqa/laws.html>** for more information.

Remember, all renewals **MUST** be submitted **no later than April 30, 2013** in order to avoid a delinquent fee. Questions? Contact the MQA Call Center at (850) 488-0595.



Division of Medical Quality Assurance
P.O. Box 4839
Tampa, Florida 33677-4839



CONFIDENTIAL INFORMATION

***** License Renewal Notification *****

**KATHLEEN STARNES WIGGS-STAYNER
331 MAGELLAN DRIVE
SARASOTA, FL 34243**

License Renewal Notification

Your Registered Nurse License # **RN 9266421** will expire at midnight, Eastern Standard Time (EST) on **Thursday, April 30, 2015**.

Please log onto **www.FLHealthsource.gov** and follow these steps:

1. Click **Renew My License** button.
2. Select your Profession and enter your User ID and Password. (provided below)
3. When you are logged into your account click the **Renew License** link from the left hand menu and select your renewal option:

Option 1: Renew Online

or

Option 2: Renew By Mail, Renewals by mail **MUST** include the renewal form printed from your account, fees if applicable, and mailed to the address on the renewal form, *not this postcard*.

On time renewals must be completed by midnight, Eastern Standard Time (EST), Thursday, April 30, 2015. To log into the online system, you will need the following information.

[REDACTED]
(User ID and Password are case sensitive, do not use Caps Lock)

Where 'l' is lowercase letter 'L' and 'o' is lowercase letter 'O'.

Please note: If you have updated your login recently, the information above may be out of date.

The online system will allow you to update your address and confirm licensee information maintained by the Department. You will receive confirmation of a successful renewal before logging out of the system.



Attention Health Care Practitioners: There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit www.flhealthsource.gov. For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at MQAReportCE@flhealth.gov

Section 456.0635, F.S., may affect your ability to renew your license. Please visit <http://www.doh.state.fl.us/mqa/laws.html> for more information.

Remember, all renewals **MUST** be submitted **no later than Thursday, April 30, 2015** in order to avoid a delinquent fee. Questions? Contact the MQA Call Center at (850) 488-0595.



Mission:
To protect, promote, & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Renewal of License Florida Department of Health

Basic Data

Name: KATHLEEN STARNES WIGGS-STAYNER
License Number: RN 9266421
Profession: Registered Nurse
Rank: FLORIDA BOARD OF NURSING - Registered Nurse
License Status: CLEAR/ACTIVE
Fee Paid: \$80.00
Date of Birth: 09/10/1960
Email Address: hpnsrq@gmail.com

Mailing Address

331 MAGELLAN DRIVE
SARASOTA, FL 34243

Practice Location

736 CENTRAL AVE
SARASOTA, FL 34236

Equal Opportunity Data

Gender: Female
Race: White

Availability for disaster

As a Florida licensed physician, are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters?

Your answer: **YES**

Renewal Statement

By submitting the appropriate renewal fees to the Department, a licensee certifies compliance with all requirements for renewal, including continuing education credits.

Affirmed: **YES**

Medicaid and Medicare Fraud Questions

1. On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar offense(s) in another state or jurisdiction? Your answer: **NO**

2. On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? Your answer: **NO**

[Note: The questions below refer to terminations as a provider, not as a recipient of services]

3. On or after July 1, 2009, have you been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? Your answer: **NO**

4. On or after July 1, 2009, have you been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? Your answer: **NO**

5. Are you currently listed on the United States Department of Health and Human Services Office of the Inspector General's List of Excluded Individuals and Entities? Your answer: **NO**

AC# **COPY**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/24/2015	RN 9266421	1964063

The **REGISTERED NURSE** named below has met all requirements of the laws and rules of the state of Florida.
 Expiration Date: **APRIL 30, 2017**
KATHLEEN STARNES WIGGS-STAYNER
 736 CENTRAL AVE
 SARASOTA, FL 34236

COPY COPY COPY

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#	LICENSE NO.	CONTROL NO.
	RN 9266421	1964063
DATE		
02/24/2015		

The **REGISTERED NURSE** named below has met all requirements of the laws and rules of the state of Florida.
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COPY - NOT A VALID LICENSE - COPY
 LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR STATE SURGEON GENERAL
 DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **APRIL 30, 2017**

Your license number is **RN 9266421**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.FLHealthSource.gov
2. Click on "Provider Services"
3. Click on "Manage my License"
4. Select your profession
5. Enter the user ID and password that was provided to you on your initial license and click "Sign in using our secure server."
6. If you do not know your user ID and password, click on "Get Login Help?" or call our Customer Contact Center at (850) 488-0595 for assistance.

MAIL TO: DEPARTMENT OF HEALTH
 DIVISION OF MEDICAL QUALITY ASSURANCE
 LICENSURE SUPPORT SERVICES UNIT
 P.O. BOX 6320
 TALLAHASSEE, FLORIDA 32314-6320

IMPORTANT ANNOUNCEMENT

THE DEPARTMENT OF HEALTH WILL NOW REVIEW YOUR CONTINUING EDUCATION RECORDS AT THE TIME OF LICENSE RENEWAL.

TO LEARN MORE, PLEASE VISIT WWW.CEatRENEWAL.COM

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: LAST FIRST MIDDLE
 TO: LAST FIRST MIDDLE
 DH 2103, 5/98

DEPARTMENT OF HEALTH
 DIVISION OF MEDICAL QUALITY ASSURANCE
 LICENSURE SUPPORT SERVICES UNIT
 4052 BALD CYPRESS WAY, BIN #C-10
 TALLAHASSEE, FLORIDA 32389-3260



***** AUTO *****

KATHLEEN STARNES WIGGS-STAYNER
 331 MAGELLAN DRIVE
 SARASOTA, FL 34243

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